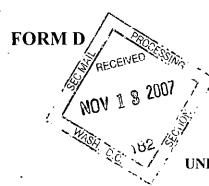
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	burden
hours per response	16.00

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Timing Under (Check box(es) that apply) Timing Order (Check box(es) that apply) Timing Under (Check box(es)	Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) Centerview Capital, L.P. – Offering of Limited Partnership Interests
Not 19 2007 Name of issuer (Check if this is an amendment and name has changed, and indicate change.) Indomson Centerview Capital, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 640 Fifth Avenue, New York, New York, 10019 Address of Executive Offices (Indicate change) Private Equity Fund Type of Business Organization Control of Business Organization Organization Control of Business Organization Organiza	Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOGROCESSE Type of Filing: New Filing Amendment
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Centerview Capital, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 640 Fifth Avenue, New York, New York, 10019 Address of Principal Business Operations (Number and Street, City, State, Zip Code) If different from Executive Offices) Reprincipal Business Operations (Number and Street, City, State, Zip Code) If different from Executive Offices) Reprincipal Business Organization (Number and Street, City, State, Zip Code) If different from Executive Offices) Reprincipal Business Organization (Number and Street, City, State, Zip Code) If different from Executive Offices) Reprincipal Business Organization (Number and Street, City, State, Zip Code) If different from Executive Offices) Reprincipal Business Organization (Number and Street, City, State, Zip Code) If different from Executive Offices) Reprincipal Business Organization (Number and Street, City, State, Zip Code) If dephone Number (Including Area Code) Telephone Number (Including Ar	A. BASIC IDENTIFICATION DATA
Address of Executive Offices (Number and Street, City, State, Zip Code) Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) (if different from Executive Offices) (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Private Equity Fund Dusiness Organization Organization	1. Enter the information requested about the issuer
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) T	Centerview Capital, L.P.
Address of Principal Business Operations (if different from Executive Offices) Ried Description of Business Private Equity Fund Type of Business Organization Organization Imited partnership, already formed Other (please specify): Organization Organization Organization: Organization Organization: Organizatio	(Number and Street, Oxy, State, 219 30007
Brief Description of Business Private Equity Fund Type of Business Organization dimitled partnership, already formed other (please specify): 07083646 Actual or Estimated Date of Incorporation or Organization: Month Year Year	040 First Avenue, New York, 10015
Private Equity Fund Type of Business Organization corporation dimited partnership, already formed other (please specify): 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 07083646 070836466 070836466 070836466 070836466 070836466 070836466 070836466 070836466 070836466 070836466 07	(tambér and a subst, only, otate, any
Type of Business Organization dimited partnership, already formed other (please specify): 07083646 O7083646 O70	Brief Description of Business
Type of Business Organization dimited partnership, already formed other (please specify): 07083646 O7083646 O70	Private Equity Fund
Actual or Estimated Date of Incorporation or Organization: O	Type of Business Organization ☐ corporation ☐ within the partnership, already formed ☐ other (please specify): 07083646
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Avenue, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as	Actual or Estimated Date of Incorporation or Organization: 0 9 0 7 🗵 Actual 🗆 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ■ Beneficial Owner Executive Officer Director □ General and/or Managing Partner Full Name (Last name first, if individual) Centerview Capital GP, L.P. **Business or Residence Address** (Number and Street, City, State, Zip Code) 640 Fifth Avenue, New York, New York, 10019 Check Box(es) that Apply: ☐ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Centerview Capital GP LLC Business or Residence Address (Number and Street, City, State, Zip Code) 640 Fifth Avenue. New York, New York 10019 Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: □ Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) 640 Investors, L.P. **Business or Residence Address** (Number and Street, City, State, Zip Code) 640 Fifth Avenue, New York, New York 10019 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director □ General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) James M. Kilts **Business or Residence Address** (Number and Street, City, State, Zip Code) 640 Fifth Avenue, New York, New York 10019 □ General and/or Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner □ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) David M. Hooper Business or Residence Address (Number and Street, City, State, Zip Code) 640 Fifth Avenue, New York, New York 10019 Beneficial Owner □ Director ☐ General and/or Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

						B. INFO	RMATIO	N ABOU	T OFFER	RING					
1,	Has the	e issuer so	ld or does	s the issue	r intend to	sell to no	n-accredit	ed investo	rs in this o	ffering?				Yes	No ⊠
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.											_	_			
2.												,000 ¹			
Ye											Yes ⊠	No □			
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													٥	
Full	Name (L	.ast name	first, if ind	ividual)											
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)														
Nan	Name of Associated Broker or Dealer														
Stat	tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Н	ĪD		
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR		
Full	Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)												,			
Nan	ne of Ass	sociated B	roker or D	ealer											
Stat	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Н	ID		
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	ΜT	NE)	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR		
Full	Name (L	ast name.	first, if ind	ividual)				,							
Bus	iness or	Residence	Address	(Number a	and Street,	City, State	e, Zip Cod	e)							
Nan	ne of Ass	ociated B	roker or D	ealer											
Stat						ls to Solici								VII States	
	AL	AK	AZ]	AR	CA CA	co	СТ	DE	DC	FL	GA	Н	, <u> </u>		
	IL.	IN	ĪĀ.	KS	KY	LA	ME	MD	MA	MI	[MN]	[MS]	MO		
	MT	[NE]	[NV]	NH	NJ	NM	NY	NC)	ND	[OH]	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	[WV]	WI	WY	PR		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

^{1.} General Partner reserves the right to accept lesser amounts, in its sole discretion.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price

Debt		\$ <u>N/A</u>	\$N/A
Equity		\$ <u>N/A</u>	\$ <u>N/A</u>
	☐ Common ☐ Preferred	•	
Convertible Securities (including	g warrants)	\$ <u>N/A</u>	\$N/A
Partnership Interests		\$850,000,000	\$2 <u>46,950,000</u>
Other (Specify)	\$ <u>N/A</u>	\$ <u>N/A</u>
Total		\$850,000,000	\$ <u>246,950,000</u>
Answer also in Appen	ndix, Column 3, if filing under ULOE.		
offering and the aggregate dollar ame	non-accredited investors who have purchased set ounts of their purchases. For offerings under Rule ourchased securities and the aggregate dollar an "if answer is "none" or "zero."	504, indicate	
•		Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		64	\$246,950,000

Sold

N/A N/A Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE.

If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C —Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$N/A
Regulation A	N/A	\$N/A
Rule 504	N/A	\$N/A
Total	N/A	\$N/A

Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....

Printing and Engraving Costs		\$	0
Legal Fees	\boxtimes	\$	600,000
Accounting Fees		\$	0
Engineering Fees		\$	0
Sales Commissions (specify finders' fees separately)		\$	0
Other Expenses (identify) Consulting Fees, Travel	\boxtimes	\$	250,000
Total	M	s	850 000

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE	OF PR	OCEEDS		
	b. Enter the difference between the aggregate offering pri and total expenses furnished in response to Part C - Questi proceeds to the issuer."	on 4.a. This difference is the "adjusted gross			\$ <u>84</u>	9,150,000
5.	Indicate below the amount of the adjusted gross proceeds each of the purposes shown. If the amount for any purpose the box to the left of the estimate. The total of the pay proceeds to the issuer set forth in response to Part C — C	e is not known, furnish an estimate and check ments listed must equal the adjusted gross	Ö Dir	rments to Officers, ectors, & offiliates		/ments to Others
	Salaries and fees		□ \$	N/A	□\$_	N/A
	Purchase of real estate		□ \$	N/A	□\$_	N/A
	Purchase, rental or leasing and installation of machin and equipment		□ \$	N/A	□\$_	· N/A
	Construction or leasing of plant buildings and facilities	S	□ \$	N/A	□\$	N/A
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another	□ \$	N/A		N/A
	Repayment of indebtedness		□\$	N/A	□\$_	N/A
	Working capital		□ \$	N/A	□ \$	N/A
	Other (specify): INVESTMENTS IN SECURITIES		□ \$		□ \$	
			□ \$	N/A	⊠ \$84	9,150,000
	Column Totals					9,150,000
	Total Payments Listed (column totals added)			⊠ \$ _8₄		
	D.	FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredited in	n to the U.S. Securities and Exchange Com	ımission,			
	uer (Print or Type) nterview Capital, L.P.	Signature PNI TOX)	Date Nove i	mber _	L, 2007
Na By	me of Signer (Print or Type) : Centerview Capital GP, L.P.	Title of Signer (Print or Type) General Partner of the Issuer	•		·	
Ву	: Centerview Capital GP LLC	General Partner of the General P	artner			
Ву	David M. Hooper	Managing Principal of the General	al Parti	ner of the	Genera	l Partner

						ATTENT	ION					
Intentional	misstatements	or	omissions	of	fact	constitute	federal	criminal	violations.	(See	18 U.S.C.	1001.)